

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM  
**HUMIRA (adalimumab)for JUVENILE IDIOPATHIC ARTHRITIS**

Patient name:\_\_\_\_\_Medicaid ID #:\_\_\_\_\_  
Prescriber Name:\_\_\_\_\_Prescriber NPI#:\_\_\_\_\_Contact person:\_\_\_\_\_  
Prescriber Phone#:\_\_\_\_\_Extension/Option:\_\_\_\_\_Fax#:\_\_\_\_\_  
Pharmacy:\_\_\_\_\_Pharmacy Phone#:\_\_\_\_\_Pharmacy Fax #:\_\_\_\_\_  
Requested Medication:\_\_\_\_\_Strength:\_\_\_\_\_Frequency/Day:\_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF  
MEDICAL NECESSITY TO 855-828-4992**

**CRITERIA:**

- Age requirement: 4 years old and older
- Diagnosis of Juvenile Idiopathic Arthritis.
- Documentation of failed treatment on at least one DMARD.
- Negative TB skin test within the past 12 months or history of treatment for latent TB infection.
- Absence of active bacterial or viral infection, malignancy, or immunosuppressive condition.
- Rheumatology consultation within the last 60 days.
- May not be given with other biologic agents such as Interferon, experimental medications or combinations.

**AUTHORIZATION:**

1 year

**RE-AUTHORIZATION:**

An updated letter of medical necessity or progress notes showing improvement or maintenance with medication.

02/15/11

<http://health.utah.gov/medicaid/pharmacy>